

DO NOT SEND TO IRS

Vendor MUST Print or Type information

STATE OF ARIZONA

SUBSTITUTE W-9 & VENDOR AUTHORIZATION FORM

DO NOT SEND TO IRS

Vendor MUST Print or Type information

Taxpayer Identification Number (TIN) TIN Type Employer Identification Number (EIN) State of Arizona HRIS EIN State of Arizona Employees ONLY

52-1809823

Legal Name
Must match TIN above

EP+P CONSULTING, INC.

- Entity Type Select one of the following
- Corporation (NOT providing health care, medical or legal services) (5A) *Subchapter S*
 - Corporation (providing health care, medical or legal services) (5M)
 - Partnership, LLP (5T)
 - PLLC, LLC (5C)
 - Individual/Sole Proprietor (5I)
 - The US or any of its political subdivisions or instrumentalities (2G)
 - A state, a possession of the US, or any of their political subdivisions or instrumentalities (4G)
 - Tax-exempt organization under IRC §501 (5O)
 - An international organization or any of its agencies or instrumentalities (5U)
 - State of Arizona employee (1E)
 - Other, Tax reportable entity (5P)

- Minority Business Indicator Select one of the following
- Small Business (01)
 - Small Business- African American (23)
 - Small Business- Asian (24)
 - Small Business- Hispanic (25)
 - Small Business- Native American (27)
 - Small Business- Other Minority (05)
 - Small, Woman Owned Business (06)
 - Small, Woman Owned Business- African American (29)
 - Small, Woman Owned Business- Asian (30)
 - Small, Woman Owned Business- Hispanic (31)
 - Small, Woman Owned Business- Native American (33)
 - Small, Woman Owned Business- Other Minority (11)
 - Woman Owned Business (03)
 - Woman Owned Business- African American (17)
 - Woman Owned Business- Asian (18)
 - Woman Owned Business- Hispanic (19)
 - Woman Owned Business- Native American (21)
 - Woman Owned Business- Other Minority (08)
 - Minority Owned Business- African American (04)
 - Minority Owned Business- Asian (32)
 - Minority Owned Business- Hispanic (74)
 - Minority Owned Business- Native American (15)
 - Minority Owned Business- Other Minority (02)
 - Non-Profit, IRC §501(c) (88)
 - Non-Small, Non-Minority or Non-Woman Owned Business (00)

Main Address Where tax information and general correspondence is to be mailed

DBA/Branch/Location: EP+P CONSULTING, INC.

Address: 1100 New York Ave NW Suite 250W

Address continued:

City: Washington State: DC Zip code: 20005

Remit to Address Same as Main

DBA/Branch/Location:

Address:

Address continued:

City: State: Zip code:

Contact Information

Name: SUSAN CARTER

Phone #: (202) 628-1134 EXT:

Fax: (202) 628-1140

email: scarter@eppconsulting.com

Certification Under Penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) AND
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding AND
- I am a U.S. person (including U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Signature: *Susan Carter* Title: CORPORATE DIRECTOR Date: May 25, 2006

STATE OF ARIZONA AGENCY USE ONLY VENDOR: DO NOT WRITE BELOW THIS LINE

AGY: Agency Authorization: Phone #: Date:

STATE OF ARIZONA GAO USE ONLY VENDOR & STATE AGENCY: DO NOT WRITE BELOW THIS LINE

IRS TIN Matching Corporation Commission HRIS Other: Other:

Vendor Number: MC: Processed by: Date Processed: